

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 11, 2018

Ms. Joyce Touchette, Manager
Converse Home ALR
272 Church Street
Burlington, VT 05401-4695

Dear Ms. Touchette:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 18, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PRINTED: 05/02/2018
FORM APPROVED

Division of Licensing and Protection

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|---|---|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1010 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 04/18/2018 |
| NAME OF PROVIDER OR SUPPLIER CONVERSE HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 272 CHURCH STREET BURLINGTON, VT 05401 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| R100 | Initial Comments: An unannounced on-site re-licensure survey was completed by the Division of Licensing and Protection on 4/18/18. The following regulatory violations were identified. | R100 | | |
| R145 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Registered Nurse (RN) failed to develop a written care plan to address all of the identified needs for 1 of 8 residents in the sample (Resident # 4). Findings include: Per review of progress notes for Resident #4 on 4/17/18, the resident experiences episodes of sadness and weepiness related to depression. The resident also has chronic pain requiring daily treatment with a topical medicated cream and assistance with Activities of Daily Living (ADLs) including dressing, toileting and hygiene. During interview on the afternoon of 4/18/18, the surveyor confirmed the failure to address these identified resident needs with the DNS (Director of Nursing Services) and the Administrator. | R145 | R145 A review of all current resident care plans will be completed by 5/18 to ensure that all identified needs are documented along with appropriate description of care and services. Additionally, a Nurse's Staff meeting has been scheduled for 5/23. At the meeting, survey results will be reviewed and staff will be re-educated to the requirement addressed by 5.9c A care plan is developed for all new residents upon admission based on the information gathered prior to move in. Going forward, the Director of Nursing and/or the RN Educator will be responsible for reviewing the resident's care plan within 2 weeks of admission and ensure that all identified needs are captured and documented appropriately. | Complete Date 5/18/2018 5/23/2018 |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jorge Tancheter

TITLE

Exec. Director

(X6) DATE

5/8/2018

STATE FORM

0899

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If continuation sheet 1 of 5

R145 - R314 POC accepted mBolt + nRN/pme 5/1/18

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| R249 | Continued From page 1 | R249 | Plan of Correction | Complete Date |
| R249 SS=E | <p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and record review, the home failed to assure that all food handling and storage techniques were consistent with safe food handling practices in all areas where foods were stored. This practice had the potential to affect the multiple residents of the home. Findings include:</p> <p>Per observations during the tour of the kitchen on 4/17/18 at 10 AM, the following areas were not maintained in accordance with safe food handling practices:</p> <ol style="list-style-type: none"> The walk-in cooler contained 3 large pieces of corned beef in a plastic bag dated 3/18/18. The cook's reach-in cooler near the stove had a container of egg salad dated 4/14/18. <p>Per interview with one of the cooks on duty, foods prepared in house should be labeled and dated the day made, and should be disposed of by the end of day 3 (day 1 being the date prepared). Regarding the the corned beef in the walk-in cooler, the FSD (Food Service Director) stated that the corned beef had been frozen 3/18/18 and pulled from the freezer for use. He could not state when it was pulled from the freezer and they had no policy on dating of foods when they have been pulled from the freezer for use, to assure that</p> | R249 | <p>R249</p> <p>Our Food Storage Procedures have been updated to address the dating of foods pulled from the freezer and timelines for use as follows:</p> <ol style="list-style-type: none"> Prepared foods are wrapped, covered or sealed and labeled with the preparation date before putting into the refrigerator or freezer. Prepared foods are discarded after 3 days inclusive of the preparation date i.e. 4/7-4/9 if not used or frozen. Partially used packages of frozen foods must be labeled with the date the package was opened. It must be re-dated with the removal date when transferring to refrigerator for thawing and be labeled with an expiration date of 5 days inclusive of the removal date. <p>(continue on page 3)</p> | 5/1/2018 |

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If continuation sheet 2 of 5

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| R249 | Continued From page 2 they are used within a safe period of time. Per review of the facility policy titled: Storage of Products , "#3. Prepared foods are wrapped, covered or sealed and labeled with the preparation date before putting into the refrigerator or freezer. Prepared foods are discarded after 3 days if not used." The FSD confirmed during interview at the time of the observations on 4/17/18 that there was no policy to address the re-dating of foods pulled from the freezer and timelines for use. | R249 | All cooks have been re-educated about the importance of re-labeling items pulled from the freezer. They have also been reminded that the 3 day window for timely use of prepared foods includes the day prepared. Cooks and the Dining Room Supervisor are responsible for daily monitoring of food labeling and expiration dates. The Food Services Manager will check overall compliance on a weekly basis. | 5/1/2018 |
| R259 SS=E | VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to assure that poisonous chemicals were stored in a locked compartment within the food storage area. This practice had the potential to affect the safety of staff and residents of the home. Findings include: Per observations of the kitchen areas on 4/17/18 commencing at 10 AM, a large wire shelving unit in the kitchen contained poisonous chemicals and was located near foods stored on shelves directly across from the chemicals. The chemicals included germicidals and bleach solutions for | R259 | | |
| | | | R259 A lockable metal cabinet has been purchased. All chemicals have already been transferred from the previous wire shelving to this secure, locked compartment. Food Services Manager will ensure that all kitchen chemicals are stored properly. The Dining Room Supervisor will make sure they are secured at end of day. | Complete Date 5/1/2018 |

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| R259 | Continued From page 3 various types of kitchen cleaning jobs. Per interviews with the FSD and the Administrator during the tour, it was confirmed that they were not aware that poisonous chemicals can only be stored in the same area as foods if the chemicals are kept in a separate locked compartment within the food storage area. | R259 | | |
| R314 SS=C | <p>XI. RESIDENT FUNDS AND PROPERTY</p> <p>11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that resident fund statements were provided to residents/responsible parties on a quarterly basis. This failure affected all residents who had a separate fund account with the facility. Findings include:</p> <p>Per interview with the Business Office Director on 4/18/18 at 11 AM, the Resident Funds (Petty Cash accounts) being held by the facility for resident use, failed to adhere to a quarterly schedule (every 3 months per annual basis) when sending out the required quarterly statements. The dates of the statements for the past year included: the period from 7/1/17 - 10/19/17 and from 10/19/18 - 2/5/18.</p> <p>The Business Office Director stated that s/he had changed the statement schedule dates last year and hadn't realized the extended period between</p> | R314 | <p>R314</p> <p>On April 18th, a petty cash statement from the date of the last report (February 15th) to the end of the 1st quarter (March 31st) was mailed to each resident who maintains an account. A letter accompanied the statement informing them that the purpose of the short report was to reset the date of the statements to quarterly dates. The end dates of all future statements will be March 31, June 30, September 30 and December 31. The Executive Director will verify that the statements are dated correctly and mailed shortly after quarter's end by reviewing them before they are sent.</p> | <p>Complete Date 4/20/2018</p> |

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If continuation sheet 4 of 5

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| R314 | Continued From page 4 accounting dates did not meet the quarterly statement accounting requirements. | R314 | | |

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If continuation sheet 5 of 5